



Administrative Code

Title 23: Medicaid Part 216

Table of Contents

Title 23: Medicaid.....	1
Table of Contents.....	1
Title 23: Division of Medicaid.....	1
Part 216: Dialysis	1
Rule 1.1: Provider Enrollment Requirements	1
Rule 1.2: Covered Services	1
Rule 1.3: Composite Rate Reimbursement/Definition of Units.....	2
Rule 1.4: Professional Services	2
Rule 1.5: Documentation Requirements	3
Rule 1.6: Immunizations	3
Rule 1.7: Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)	3

Title 23: Division of Medicaid

Part 216: Dialysis

Rule 1.1: Provider Enrollment Requirements

Freestanding or hospital based kidney dialysis centers that sign a provider agreement must satisfy all requirements set forth in Part 200, Chapter 4, Rule 4.8, in addition to the following provider type specific requirements:

- A. National Provider Identifier (NPI), verification from National Plan and Provider Enumeration System (NPPES).
- B. Written confirmation from the IRS confirming your tax identification number and legal name.
- C. Copy of Medicare certification:
 - 1. Explanation Of Medicare Benefits (EOMB) not acceptable.
 - 2. Must be from Medicare Intermediary.

Source: Miss. Code Ann. § 43-13-121; 42 CFR 455, Subpart E

Rule 1.2: Covered Services

- A. Hemodialysis, Peritoneal Dialysis, Continuous Ambulatory Peritoneal Dialysis (CAPD), and Continuous Cyclic Peritoneal Dialysis (CCPD) are covered dialysis services.
- B. Kidney dialysis services are covered and require no prior authorization.
- C. The administration of specified lab tests and injectable drugs, both the staff and the supplies, are covered under the composite rate.
- D. Antibiotics, when used at home by a patient to treat an infection of the catheter site or peritonitis associated with peritoneal dialysis, are covered.
- E. Medicaid will cover specified lab tests and injectable drugs billable, in addition to the composite rate when medically justified and furnished at a greater frequency.
- F. Immunizations – Refer to Rule 1.6.
 - 1. Medicaid covers dialysis facilities for influenza and pneumonia vaccines when provided by and administered by the dialysis facility to beneficiaries receiving dialysis services.
 - 2. Influenza and Pneumonia vaccines are covered outside of the composite rate.

Source: Miss. Code Ann. § 43-13-121; 42 CFR 494

Rule 1.3: Composite Rate Reimbursement/Definition of Units

- A. Medicaid defines the composite rate reimbursement (CRR) as a comprehensive payment for all modes of treatment in the freestanding facility, renal dialysis unit (RDU) or home setting. It covers the complete treatment, except for covered x-ray, lab, and injectable drugs. The facility must furnish all necessary services, equipment and supplies. The appropriate revenue codes must be billed for the composite rate.
- B. Medicaid only covers three (3) units per seven (7) day week.
- C. Medical documentation substantiating the need for more units is required.
- D. Definition of Units:
 - 1. Hemodialysis is typically furnished three (3) times per week in sessions of four (4) to five (5) hours.
 - 2. A unit is one (1) of the four (4) to five (5) sessions.
 - 3. Peritoneal Dialysis in the facility may be done in the following treatment sessions:
 - a) Ten (10) to twelve (12) hours = three (3) times per week
 - b) Twenty (20) to twenty-nine (29) hours = two (2) times per week
 - c) Thirty (30) & Above Hours = one (1) time per week
 - 4. A unit is a treatment session.
 - 5. Continuous Ambulatory Peritoneal Dialysis is furnished on a continuous or daily basis. A unit is one (1) day twenty-four (24) hours.
 - 6. Continuous Cycling Peritoneal Dialysis is furnished on a continuous or daily basis. A unit is one (1) day twenty-four (24) hours.

Source: Miss. Code Ann. § 43-13-121; 42 CFR 494

Rule 1.4: Professional Services

Medicaid covers related full month physician services for End Stage Renal Disease (ESRD) using the appropriate procedure Codes. Physician services are not covered under the facility's number.

Source: Miss. Code Ann. § 43-13-121; 42 CFR 414.310

Rule 1.5: Documentation Requirements

- A. Dialysis services must maintain auditable records that will substantiate the services provided.
- B. At a minimum, the records must contain the following on each patient:
 - 1. Dates of service;
 - 2. Patient's presenting complaint;
 - 3. History and physical;
 - 4. Provider's findings;
 - 5. Type of dialysis;
 - 6. Treatment rendered;
 - 7. All treatments, medications, and studies including those within the composite rate and those outside the composite rate; and
 - 8. Provider's signature.

Source: Miss. Code Ann. § 43-13-121

Rule 1.6: Immunizations

- A. Medicaid covers dialysis facilities for influenza and pneumonia vaccines when provided by and administered by the dialysis facility to beneficiaries receiving dialysis services.
- B. Influenza and Pneumonia vaccines are covered outside of the composite rate.

Source: Miss. Code Ann. § 43-13-121

Rule 1.7: Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)

The Division of Medicaid pays for all medically necessary services for EPSDT-eligible beneficiaries in accordance with Part 223 of this Title, without regard to service limitations and with prior authorization.

Source: Miss. Code Ann. § 43-13-121